

**HEADQUARTERS
ROCKY MOUNTAIN REGION, CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
P.O. Box 371093
Denver, Colorado 80237-1093**

AWARD ELIGIBILITY CHECKLIST

ACTION # _____

DATE INITIATED: _____

DATE RECEIVED: _____

NAME: _____ **CAPSN:** _____

OTHER AWARDS: _____

AERONAUTICAL RATING: CAPF 2a

RATING: _____

OPS OR ES APPROVAL: _____

REMARKS: _____

SERVICE OR ACTIVITY AWARD: CAPF 2a

TYPE OF AWARD: _____

CRITERIA: _____ **WING APPROVAL:** _____

REMARKS: _____

SENIOR PROGRAM AWARD: CAPF 24a

LEVEL II _____ **LEVEL III** _____ **LEVEL IV** _____

LEVEL V _____

REMARKS: _____

AWARD BOARD

DATE: _____

I certify that the above information has been verified and is correct:

Approved

Disapproved

Chairman of Board

Board Member

Board Member

Board Member

Board Member

Board Member

Board Member

Region Commander

REMARKS: